

**Federal Aviation Administration
Seattle Aircraft Certification Office
Customer Service Survey**

Date:

Approval Holder Name and Address	Project Number/ STC Number

Instructions:

- a. This survey should be completed by the individual who had the most contact with the Seattle Aircraft Certification Office (ACO) during the project.
- b. Please focus ONLY on the services that this ACO and applicable FAA designees have provided to you in terms of the project(s) listed above.

1. If applicable, did we meet the performance standards stated in your companies' Partnership for Safety Plan (PSP) with the FAA?

2. If your company does not have a PSP with the FAA did we meet the following performance standards (excluding delays due to mailing)?

Response to project initiation within 7 calendar days?

Project Specific Certification Plan reviewed within 21 calendar days?

Test plans reviewed within 14 calendar days?

Review of compliance documents not delegated completed within 28 calendar days?

If applicable, TIA issuance after applicable document approvals within 14 calendar days?

STC/design approval issuance after all compliance documents approved within 10 calendar days?

- 3. Evaluation of ACO service:** Please circle the number in Column B that best reflects our performance for each topic. Use Column C for any additional remarks for each topic.

4 = Excellent, 3 = Above Average, 2 = Adequate, 1 = Poor

Column A Topics	Column B Circle the number that reflects effectiveness	Column C Additional Remarks
Communication concerning project: Clear, concise, understandable?	4 3 2 1	
Was the information you requested being provided to you in a timely manner?	4 3 2 1	
How effective were we in providing you guidance to assist you in solving your problems?	4 3 2 1	
Were we consistent in the application and interpretation of the regulations?	4 3 2 1	
Did we meet your scheduling requirements?	4 3 2 1	
Overall Service?	4 3 2 1	

- 4. Comments about other aspects of ACO service** (e.g., attitude, helpfulness, cooperation, etc.):

5. If the ACO has worked with you in the past, how would you rate our latest service as compared to earlier projects? (Circle one)

- a. Improved
- b. About the same
- c. Worse

6. FAA Designee utilization and performance:

- a. If a Designated Engineering Representative (DER) was involved in the project, how would you rate the service you received from the DER?

☐ Excellent ☐ Above Average ☐ Adequate ☐ Poor ☐ Not Applicable

- b. If a Designated Airworthiness Representative (DAR) was involved, how would you rate the service you received from the DAR?

☐ Excellent ☐ Above Average ☐ Adequate ☐ Poor ☐ Not Applicable

- c. Do you have any general comments regarding the services of FAA designees?

7. Do you have any suggestions as to how we could better serve you?

8. If you would you like the ACO Manager to contact you for a discussion of any aspect of our service, please provide your name, telephone number and best date and time to call.

Name _____ Telephone No. _____
Call on (date) _____ at (time) _____

(You are, of course, encouraged to call or visit the ACO Manager any time that is convenient)